

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90007 016 ***150.00

DOCUMENT # P99000056525 1. Entity Name THOMAS WILLIAMS CONSTRUCTION, INC.	
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Principal Place of Business 5001 S. UNIVERSITY DRIVE STE. A DAVIE, FL 33328	Mailing Address 5001 S. UNIVERSITY DRIVE STE. A DAVIE, FL 33328
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20059235



02022005 No Chg-F CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0933937	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, THOMAS 5001 S. UNIVERSITY DRIVE STE. A DAVIE, FL 33328
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**DO NOT WRITE
IN THIS SPACE**

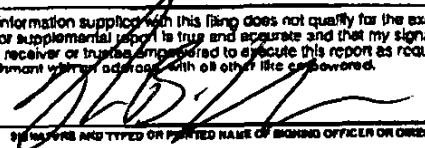
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when (re)submitting) DATE _____**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**9. Election Campaign Financing
Trust Fund Contribution, ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, THOMAS 5001 S. UNIVERSITY DRIVE, STE. A DAVIE, FL 33328
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment without address with all other like employees.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR5/1/05
Date

Daytime Phone #